**South Carolina General Assembly**

126th Session, 2025-2026

**H. 3108**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Garvin, Pope, Grant, Cobb-Hunter and McDaniel

Document Path: LC-0085VR25.docx

Introduced in the House on January 14, 2025

Currently residing in the House

Summary: Doulas

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 12/5/2024 House Prefiled

 12/5/2024 House Referred to Committee on **Labor, Commerce and Industry**

 1/14/2025 House Introduced and read first time (House Journal‑page 95)

 1/14/2025 House Referred to Committee on **Labor, Commerce and Industry** (House Journal‑page 95)

 4/9/2025 House Member(s) request name added as sponsor: McDaniel

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**VERSIONS OF THIS BILL**

[12/05/2024](https://www.scstatehouse.gov/sess126_2025-2026/prever/3108_20241205.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING CHAPTER 145 TO TITLE 44 SO AS TO ALLOW REIMBURSEMENT FOR DOULA SERVICES UNDER CERTAIN CIRCUMSTANCES AND TO REQUIRE COVERAGE OF SUCH SERVICES THROUGH PRIVATE INSURANCE AND MEDICAID, WITH EXCEPTIONS; TO SET FORTH CRITERIA FOR MEDICAID COVERAGE OF DOULA SERVICES; TO CREATE A SCOPE OF PRACTICE FOR DOULAS; TO PROVIDE FOR THE ESTABLISHMENT OF A DOULA CERTIFICATION ORGANIZATION AND TO REQUIRE THE ORGANIZATION TO PROMULGATE REGULATIONS FOR STATEWIDE CERTIFICATION; TO PROVIDE FOR THE CREATION OF A STATEWIDE REGISTRY FOR CERTIFIED DOULAS; AND FOR OTHER PURPOSES; AND BY ADDING SECTION 38‑71‑134 SO AS TO REQUIRE CERTAIN INSURANCE CONTRACTS TO PROVIDE COVERAGE FOR THE SERVICES OF PERINATAL DOULAS AND TO REQUIRE UTILIZATION REPORTING BY THE DEPARTMENT OF INSURANCE.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Title 44 of the S.C. Code is amended by adding:

 CHAPTER 145

Doulas

 Section 44‑145‑10. As used in this chapter:

 (1) “Accountable care” means an accountable care entity that helps coordinate the medical care provided to Medicaid‑eligible patients.

 (2) “Antepartum” means the period of pregnancy before labor or childbirth.

 (3) “Community‑based organization or (CBO)” means a public or private nonprofit organization that is representative of a community or significant segments of a community and engaged in meeting that community’s needs in the areas of social, human, or health services.

 (4) “Competencies” means key skills and applied knowledge necessary for doulas to be effective in the work field and carry out their roles.

 (5) “Contact hour” means an hour of classroom, group, or distance learning training, and does not include homework time, preparatory reading, or practicum.

 (6) “Doula” or “perinatal doula” means a trained professional providing continuous physical, emotional and informational support to a pregnant individual, from antepartum, intrapartum, and up to the first twelve months of the postpartum period. Doulas also provide assistance by referring childbearing individuals to CBOs and certified and licensed perinatal professionals in multiple disciplines.

 (7) “Doula certification organization” means the South Carolina certification board for doulas.

 (8) “Doula services” means services provided by a certified doula as enumerated in Section 44‑145‑30.

 (9) “Doula training organization” means an entity, nationally or internationally, recognized by the doula certification organization for training perinatal doulas whose educational requirements includes the core curriculum topics described in this chapter. These doula training organizations shall include, but not be limited to, the International Childbirth Education Association (ICEA), the Doulas of North America (DONA), ToLabor, Birthworks, the Childbirth and Postpartum Professional Association (CAPPA), Childbirth International, the International Center for Traditional Childbearing, and Commonsense Childbirth, Inc.

 (10) “Fee‑for‑service” means a payment model where services are unbundled and paid for separately.

 (11) “Insurer” means every nonprofit medical service corporation, hospital service corporation, health maintenance organization, program that provides free or low‑cost health coverage to low‑income individuals, or other insurer offering and insuring health services.

 (12) “International board‑certified lactation consultant” or “IBCLC” means a healthcare professional who specializes in the clinical management of breastfeeding.

 (13) “Intrapartum” means the period of pregnancy during labor and delivery or childbirth. Services at this period are rendered to the pregnant individual.

 (14) “Managed care” means providing for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

 (15) “Postpartum” means one year after a pregnancy ends.

 (16) “Private insurers” means insurance financed through payments that a policyholder agrees to make for coverage under a given insurance policy issued by an insurer to a covered person.

 (17) “Registry” means a list of doulas, maintained by the doula certification organization.

 (18) “State medical assistance program” means the South Carolina Medicaid program.

 Section 44‑145‑20. (A) Doula services shall be eligible for coverage throughout South Carolina for childbearing individuals through private insurance and Medicaid.

 (B) Doula services shall be covered by the state medical assistance program if the doula seeking reimbursement has:

 (1) applied for and been given a National Provider Identification Number (NPI#);

 (2) completed and received approval for all required state medical assistance program provider enrollment forms;

 (3) provided a copy of a doula training certificate or an authentic, original, signed and dated letter from a doula training organization verifying that the doula has attended and completed its training or curriculum. To be considered authentic, a letter must be on the doula training organization’s letterhead and signed by an authorized representative; and

 (4) provided a signed and dated attestation of being trained in the following competencies through one program or a combination of programs, the result of which is meeting all doula core competency requirements outlined below:

 (a) an education that includes any combination of childbirth education, birth doula training, antepartum doula training, and postpartum doula training;

 (b) attendance at a minimum of one breastfeeding class or holding a valid lactation certification;

 (c) attendance at a minimum of one childbirth class or valid childbirth education certification;

 (d) completion of cultural competency training;

 (e) completion of HIPAA/client confidentiality training;

 (f) completion of CPR certification for children and adults; and

 (g) completion of ServSafe certification for meal preparation.

 (C) Once enrolled as a state medical assistance program provider, a doula shall be eligible to enroll as a provider with fee‑for‑service, managed care, and accountable care payers, affiliated with the state medical assistance program.

 (D) In order to follow federal Medicaid and private insurance requirements applicable to covered services, doula services shall be reimbursed on a fee‑for‑service schedule.

 (E) Notwithstanding the provisions of subsection (B), a doula who can provide alternative and sufficient documentation of training and practice as a doula for a period of at least six months prior to the passage of this chapter shall not be required to provide the certificate or letter required by subsection (B)(3), and shall have six months to complete the training requirements of subsection (B)(4).

 Section 44‑145‑30. (A) A doula may provide services to a pregnant individual such as:

 (1) services to support pregnant mothers and people, improve birth outcomes, and support new mothers and families with culturally specific antepartum, intrapartum, and postpartum services, referrals, and advocacy;

 (2) advocating for and supporting physiological birth, breastfeeding, and parenting for their client;

 (3) supporting the antepartum, intrapartum, and postpartum period with traditional comfort measures and educational materials, as well as assistance during the transition to parenthood in the initial postpartum period through home visits;

 (4) empowering individuals and families with evidenced‑based information to choose best practices for birth, breastfeeding, and infant care;

 (5) providing continuous support to the laboring individual until the birth of the baby at any location of delivery;

 (6) referring clients to their appropriate provider for medical advice for care outside of the doula scope of practice;

 (7) working as a member of the individual’s multidisciplinary team; and

 (8) offering evidence‑based information on newborn and infant feeding, emotional and physical recovery from childbirth, and other issues related to the antepartum, intrapartum, and postpartum period.

 (B) A doula is prohibited from engaging in the practice of medicine as defined in Section 40‑47‑20.

 Section 44‑145‑40. (A) The doula certification organization shall promulgate regulations that establish a statewide certification for perinatal doulas solely for the purpose of establishing the qualifications necessary for doulas to qualify for reimbursement under this chapter.

 (B) Individuals seeking entry on a statewide registry of doulas shall, at a minimum:

 (1) be at least eighteen years of age;

 (2) not be listed on the doula certification organization’s provider exclusion list;

 (3) successfully complete training in all competencies as outlined in Section 44‑145‑20;

 (4) receive and maintain certification by an approved doula certification organization; and

 (5) maintain personal liability insurance either individually or through a collaborative, association, or business of doulas that can prove liability insurance coverage for all doulas working through, with, or under them.

 Section 44‑145‑50. (A)(1) For purposes of medical assistance coverage for doula services, covered services include those services listed in Sections 44‑145‑30 and 44‑145‑40.

 (2) The coverage available for doula services per pregnancy, regardless of the number of infants involved, which shall be billed on a fee‑for‑service basis, shall be available through one year postpartum, shall not be less than eight hundred fifty dollars, and shall be eligible towards the following activities, such as prenatal visits, physical and emotional support during a childbearing individual’s labor and birth, telephone or virtual communications between doula and client, time spent being on call for the birth, postpartum visits, and time spent on administrative time, such as documentation or paperwork.

 (B) Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this State shall provide coverage for the services of perinatal doulas if the services are within the perinatal doulas’ area of professional competence as defined by regulations promulgated by the doula certification organization. No insurer or hospital or medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement. No insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a perinatal doula and any other healthcare provider. Direct payment for perinatal doulas shall be contingent upon services rendered in accordance with rules and regulations promulgated by the doula certification organization.

 (C) The state medical assistance program, managed care organizations, and accountable care payers that are required to cover perinatal doula services pursuant to Section 44‑145‑20, shall report utilization and cost information related to perinatal doula services to the Department of Health and Human Services on or before July 1, 2026, and each July first thereafter. The Department of Health and Human Services shall define the utilization and cost information required to be reported.

 (D) This chapter shall not apply to insurance coverage providing benefits for:

 (1) hospital confinement indemnity;

 (2) disability income;

 (3) accident only;

 (4) long‑term care;

 (5) Medicare supplement;

 (6) limited benefit health;

 (7) specified disease indemnity;

 (8) sickness or bodily injury or death by accident or both; and

 (9) other limited benefit policies.

SECTION 2. Article 1, Chapter 71, Title 38 of the S.C. Code is amended by adding:

 Section 38‑71‑134. (A) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this State on or after January 1, 2026, shall provide coverage for the services of perinatal doulas if the services are within the perinatal doulas’ area of professional competence as defined by regulations promulgated by the doula certification organization. No insurer or hospital or medical service corporation may require supervision, signature, or referral by any other healthcare provider as a condition of reimbursement, except when those requirements are also applicable to other categories of healthcare providers. No insurer or hospital or medical service corporation or patient may be required to pay for duplicate services actually rendered by both a perinatal doula and any other healthcare provider. Direct payment for perinatal doulas shall be contingent upon services rendered in accordance with rules and regulations promulgated by the doula certification organization.

 (B) Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this State that is required to cover perinatal doula services as defined in subsection (A), shall report utilization and cost information related to perinatal doula services to the office of the Department of Insurance on or before July 1, 2026, and each July first thereafter. The Department of Insurance shall define the utilization and cost information required to be reported.

 (C) This section does not apply to insurance coverage providing benefits for:

 (1) hospital confinement indemnity;

 (2) disability income;

 (3) accident only;

 (4) long‑term care;

 (5) Medicare supplement;

 (6) limited benefit health;

 (7) specified disease indemnity;

 (8) sickness or bodily injury or death by accident or both; and

 (9) other limited benefit policies.

SECTION 3. This act takes effect upon approval by the Governor.

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